

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/06/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,240.00)

Complete if Known

Application Number	09/778,424-Conf. #6879
Filing Date	February 7, 2001
First Named Inventor	Joseph C.h. Park
Examiner Name	T. A. Vu
Art Unit	2124
Attorney Docket No.	03226/037001; P5009

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____	- = _____	x _____	= _____	Fee (\$)	Fee Paid (\$)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____
_____	- = _____	x _____	= _____		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/50 (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

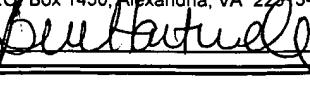
Other (e.g., late filing surcharge):	1253 Extension for response within second month	450.00
	1801 Request for continued examination (RCE) (see 37 ...	790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,048	Telephone	(713) 228-8600
Name (Print/Type)	Wasif H. Qureshi		Date	March 16, 2005	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576719285US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 16, 2005

Signature:  (Beri W. Hartwell)



Application No. (if known): 09/778,424

Attorney Docket No.: 03226/037001; P5009

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV576719285US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 16, 2005
Date


Signature

Beri W. Hartwell

Typed or printed name of person signing Certificate

N/A (713) 228-8600
Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Information Disclosure Statement (3 pages)

Request for Continued Examination Transmittal (1 page)

IDS (Citation) by Applicant (1 page) (4 References= 53 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$1,240.00 to credit card